

United States Bankruptcy Court

Southern District of New York

In re Lehman Brothers Special Financing Inc., Case Nos. 08-13555
Jointly Administered

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Merrill Lynch Credit Products, LLC

Optimum Fixed Income Fund, a series of
Optimum Fund Trust

Name of Transferee

Name of Transferor

Court Claim #: 66767

Claim Amount: \$302,631

Name and Address where notices to Transferee
should be sent:

Merrill Lynch Credit Products, LLC
Bank of America Tower- 3rd Floor
One Bryant Park
New York, New York 10036
Attn: Jeffrey Benesh and Ron Torok
Tel: 646-855-7450
Email: jeffrey.benesh@bamll.com / ron.torok@bamll.com

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

MERRILL LYNCH CREDIT PRODUCTS, LLC

ec

By: Ronald Torok
Name: Ronald Torok
Title: vice President

Date: April 5, 2011

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: Optimum Fixed Income Fund, a series of Optimum Fund Trust

Optimum Fixed Income Fund, a series of Optimum Fund Trust, a statutory trust organized under the laws of Delaware, with an address of c/o Delaware Management Company, 2005 Market Street Philadelphia, PA 19103 ("SELLER"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of a Transfer of Claim Agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to Merrill Lynch Credit Products, LLC, its successors and assigns, with offices located at One Bryant Park, New York, NY 10036 ("BUYER"), all right, title and interest in and to the claim (proof of claim number 66767) of SELLER against Lehman Brothers Special Financing Inc., and its affiliates in the amount of \$302,631 (the "Claim") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13888.

SELLER hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this Assignment of Claim as an unconditional assignment and BUYER herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to BUYER.

IN WITNESS WHEREOF, dated as of the 31st day of March, 2011.

OPTIMUM FIXED INCOME FUND, A SERIES OF OPTIMUM FUND TRUST

By: *Murat*

Name: Daniel C. Becker

Title: Vice President

MERRILL LYNCH CREDIT PRODUCTS, LLC

By: *Peter J. S.*

cc

Name: Ronald Rosevear

Title: VICE PRESIDENT

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.
Debtors.

Name of Debtor Against Which Claim is Held
LEHMAN BROTHERS SPECIAL FINANCING INC.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Case No. of Debtor
08-13888 (JMP)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (MERGE2.DBF,SCHED NO) SCHEDULE #: 888032480*****
OPTIMUM FUND TRUST-OPTIMUM FIXED INCOME FUND
C/O DELAWARE MANAGEMENT COMPANY
ONE COMMERCE SQUARE
2005 MARKET STREET
PHILADELPHIA, PA 19103
Attn.: Michael E. Dresnin,
Assistant Vice President
and Legal Counsel
(215) 255-1511
(215) 564-8052; Email Address: MEDresnin@delinvest.com

and Paul Patterson, Esquire
Stradley Ronon Stevens & Young, LLP
2600 One Commerce Square
Philadelphia, PA 19103-7098

MEDresnin@delinvest.com
ppatterson@stradley.com

Telephone number:

Name and address where payment should be sent (if different from above)

Michael E. Dresnin, Assistant Vice President and Legal Counsel

Dekware Investments

2005 Market Street

Philadelphia, PA 19103

Telephone number: (215) 255-1511

Email Address: MEDresnin@delinvest.com

1. Amount of Claim as of Date Case Filed: \$ 302,631.00

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

Check this box if all or part of your claim is based on a Derivative Contract.*

Check this box if all or part of your claim is based on a Guarantee.*

*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is a based on a Derivative Contract or Guarantee.

2. Basis for Claim: Swap Contract
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5530 (TOY ID)

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements.

Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

5/06/10

DVZ

Daniel V. Geofers Vice President

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PROOF OF CLAIM

AMENDED

UNIQUE IDENTIFICATION NUMBER: 888032480

Filed: USBC - Southern District of New York

Lehman Brothers Holdings Inc., Et Al.

08-13555 (JMP)

0000066767



NOTICE OF SCHEDULED CLAIM:

Your Claim is scheduled by the indicated Debtor as:

SCHEDULE G - EXECUTORY CONTRACT OR UNEXPIRED LEASE

DESCRIPTION:
DERIVATIVE MASTER ACCOUNT NUMBER
042904OFIF

Check this box to indicate that this claim amends a previously filed claim

Court Claim
Number: 11943
(If known)

Filed on: 9/14/09

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

FOR COURT USE ONLY

FILED / RECEIVED

JUN 04 2010

EPIQ BANKRUPTCY SOLUTIONS, LLC